

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000031571

**Entity Name:** ANGRY JARHEAD, LLC

**Current Principal Place of Business:**

100 SOUTH ASHLEY DRIVE  
STE. 1100  
TAMPA, FL 33602

**Current Mailing Address:**

100 SOUTH ASHLEY DRIVE  
STE. 1100  
TAMPA, FL 33602

**FEI Number:** 46-4909935

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAIN, JOHN N JR.  
100 SOUTH ASHLEY DRIVE  
STE. 1100  
TAMPA, FL 33602 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name CAIN, JOHN N JR.  
Address 100 SOUTH ASHLEY DRIVE, STE. 1100  
City-State-Zip: TAMPA FL 33602

Title MGR  
Name FITZSIMMONS, KEVIN J  
Address 100 SOUTH ASHLEY DRIVE, STE. 1100  
City-State-Zip: TAMPA FL 33602

Title MGR  
Name ASHY, MICHAEL H  
Address 100 SOUTH ASHLEY DRIVE, STE. 1900  
City-State-Zip: TAMPA FL 33602

Title MGR  
Name ANTINORI, CHRISTOPHER E  
Address 100 SOUTH ASHLEY DRIVE  
STE. 1100  
City-State-Zip: TAMPA FL 33602

Title MGR  
Name RETHERFORD, DAVID A  
Address 100 SOUTH ASHLEY DRIVE  
STE. 1100  
City-State-Zip: TAMPA FL 33602

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN N. CAIN JR.

MGR

03/22/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date